EXTENDED TO FEBRUARY 18, 2020 29493
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning APR 1, 2018

Do not enter social security numbers on this form as it may be made public.

and ending MAR 31, 2019

Inspection

В	Check if applicable	C Name of organization		D Employer identific	ation number
(n=	Addre		TTSTT		
ర్⊨	chang Name	• OMAHA PLUMBERS JOINT APPRENTICESHIP F	מאט	47.0	561620
₽⊢	lchang linitial	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		561638
	lreturn Final	ARA1 E CODEED	Hoomsule	E Telephone number	734-6274
╗└	return. termin ated			G Gross receipts \$	507,709.
	Amen			H(a) Is this a group re	
₽E	return Applic			for subordinates	
<u> </u>	Ition pendii			H(b) Are all subordinates in	
- ຂາໄ	Tax-ex	empt status	or 2 /27	1 ''	list (see instructions)
		te: N/A	\overline{U}	H(c) Group exemption	
		organization: Corporation X Trust Association Other	L Year		State of legal domicile: NE
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities PROV	IDE TR	AINING TO A	PPRENTICE
Activities & Governance		AND JOURNEYMEN PLUMBERS.			
/er	2	Check this box I if the organization discontinued its operations or dispo	sed of more		
ģ	3	Number of voting members of the governing body (Part VI, line 1a)		3	$\frac{4}{4}$
وخ ده	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	16
ţį	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	16
Ę:	0	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
¥	/a	Net unrelated business taxable income from Form 990-T, line 38		7a 7b	0.
_	1 5	Net differenced business taxable income from 1 offi 330 1, line 30		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)	-	0.	0.
ž	9	Program service revenue (Part VIII, line 2g)		387,400.	463,517.
Revenue	10	Investment income (Part VIII, column (A), lines 3 4, and 7d)	-	8,217.	11,830.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, Bc, 9c, 10c, and 1e) ED	7	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	,1	395,617.	475,347.
	13	Grants and similar amounts paid (Part IX, column (A), line 4(R) 0 2 2023	l I	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)] [0.	0.
Ş	15	Salaries, other compensation, employee benefits (Part-IX-column (A), lines 5-10)		113,756.	188,754.
Expenses	16a	Professional fundraising fees (Part IX, column (A)-line II.e) UEN, UT	!	0.	0 .
x	· b	Total fundraising expenses (Part IX, column (D), line 25)	<u>' 0.</u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		216,935.	217,793.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		330,691.	406,547.
	19	Revenue less expenses Subtract line 18 from line 12		64,926.	68,800.
Net Assets or	ا ا		Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	<u> </u>	726,373.	793,303.
et A	21	Total liabilities (Part X, line 26)	-	726 272	702 202
	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		726,373.	793,303.
		lities of perjury, I declare that I have examined this return, including accompanying schedule	ne and etatem	vente, and to the heet of my	knowledge and helief it is
		thies of perjuly, i declare that i have examined this feturi, including accompanying schedule at, and complete. Declaration of preparer (other than officer) is based on all information of w			kilowieuge and belief, it is
11 11 1	e, correc	As, and complete. Declaration of preparet (other than other his bassa th an information of w	men preparer		2-2020
Sig	· n	Signature of officer		Date	
He		STEVE VOGEL JR, TRUSTEE			
ne	16	Type or print name and title			
_		Print/Type preparer's name Preparer's signature] [Date Check	PTIN
Pai	d	DEYNA C. ROUSE	lo	2/12/20 f self-employe	P00363036
	parer	Firm's name LUTZ AND COMPANY PC		Firm's EIN	47-0625816
	Only	Firm's address 13616 CALIFORNIA ST STE 300			
	-	OMAHA, NE 68154-5336		Phone no. 40	2-496-8800
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
		11-18 LHA For Paperwork Reduction Act Notice, see the separate instruct	ons		Form 990 (2018)

	1990 (2018) OMAHA PLUMBERS JOINT APPRENTICESHIP FUND 47-0561638 Page 2
Pai	rt·III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission. PROVIDE TRAINING TO APPRENTICE AND JOURNEYMEN PLUMBERS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 390,401. Including grants of \$) (Revenue \$ 463,517.) TO PROVIDE TRAINING AND A FACILITY FOR TRAINING FOR APPRENTICE AND JOURNEYMEN PLUMBERS BELONGING TO PLUMBERS LOCAL UNION NO. 16.
	(Code) (Evnenses \$ uncluding grants of \$) (Revenue \$)
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 390.401.
40	Total program service expenses 390.401.

Form **990** (2018)

			V	
	le the appropriate decembed a contrar E01/a)/2) or 4047/a)/4) (other than a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
_	If "Yes," complete Schedule A	12		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		_	
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
۸.	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		_	
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
. 🕶	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b_		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form **990** (2018)

	•		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23		Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		X	
b		24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054			
	Schedule L, Part I	25b			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	oe.		х	
~~	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26			
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member				
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
20	instructions for applicable filing thresholds, conditions, and exceptions).				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X	
	A second of the				
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?				
	If "Yes," complete Schedule N, Part I	31		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	32		X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34	Х		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36			
37					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-00	v		
Pa	Note. All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X		
. a	Check if Schedule O contains a response or note to any line in this Part V			$\overline{}$	
	Since it is a second of the interest of the in		Yes	No	
4-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		res	140	
	Enter the number reported in Box 3 of Form 1096 Enter -0- in not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
C	(cambling) winnings to prize winners?	1c			

	•					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a		16	*	,,	3 %		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			Ļ	2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			, %	*******	X		
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-						
_	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nut).		4a	s. ,	X		
b	If "Yes," enter the name of the foreign country		. (50.40)	— <u>`</u>	,	» »,			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAH)		, ,	`, ,`	·		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	otion	2	-	5a		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	CHOH	•	F	5b 5c		Α		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orc	ianization solicit	,	JU				
Va.	any contributions that were not tax deductible as charitable contributions?	.0 0.9	janneanon sonon	`	6a		х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions	or aifts		<u> </u>				
-	were not tax deductible?		3		6b				
7	Organizations that may receive deductible contributions under section 170(c).			7			, , , , ,		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the pa	ayor?	7a Î	"	Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	quired						
	to file Form 8282?				7с		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			.,,	*, ** ^{3**}	, 3 <u>5</u>		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ict?	-	7e_				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit continuous			_	7f				
9	If the organization received a contribution of qualified intellectual property, did the organization file Formation (in the contribution of qualified intellectual property, did the organization file Formation (in the contribution of qualified intellectual property, did the organization file Formation (in the contribution of qualified intellectual property), did the organization file Formation (in the contribution of qualified intellectual property), did the organization file Formation (in the contribution of qualified intellectual property).				7 <u>g</u> 7h				
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
9	sponsoring organization have excess business holdings at any time during the year?			}		` ``	324 W. W. S		
э a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?				. ∗ 9a	· - ; ·	*, <i>*</i> , *, ;		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			T	9b				
10	Section 501(c)(7) organizations. Enter			Ι.	1 7,	***			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		,		~ ,	19		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		;		,,,,,,,,			
	Section 501(c)(12) organizations. Enter],	. ^ ,	, ,			
а	Gross income from members or shareholders	11a	`),),),	``	*		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				₹, 25 ,	} <u></u>	35.3		
	amounts due or received from them)	11b			,	, ,	, () .		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		-	12a	5 .	. ,		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			~, , ;	' .			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			-	, *	\ ~,~	,, ´ !		
а	Is the organization licensed to issue qualified health plans in more than one state?			-	13a	10	, .,		
	Note. See the instructions for additional information the organization must report on Schedule O			>	", ,		, , , , , , , , , , , , , , , , , , ,		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 425	1	3	3,	, ° .			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b 13c		;					
	Did the organization receive any payments for indoor tanning services during the tax year?	130	1	- 	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		n or		, ,,,				
-	excess parachute payment(s) during the year?		-		15		х		
	If "Yes," see instructions and file Form 4720, Schedule N			18	,	\$, 22 , 3		
16	is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt inco	ome?		16		Х		
	If "Yes," complete Form 4720, Schedule O			,	} ~~,	~	, " .		
					_	000	100 10:		

Part·VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management		_				
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 4	, ,,,	, , ,	* " '			
	If there are material differences in voting rights among members of the governing body, or if the governing	3. 25	, , , , , , , , , , , , , , , , , , ,	()			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	30	23				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4	, ,,,	**	~			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	,, ,	* .	, 150 2013			
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	· *,	*,	, 1			
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b		X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	`\	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	-13		X -			
14 -	= Did the organization have a written document retention and destruction policy?	14		X			
15	Did the process for determining compensation of the following persons include a review and approval by independent	, ,	; , , .	303			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	,	, ;			
а	The organization's CEO, Executive Director, or top management official	15a		_X_			
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	7 7	**	٠, `, `			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a);, ,	. *	70			
	taxable entity during the year?	16a		_X_			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ž.	. ¥	J; ', ', ', ', ', ', ',			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			3,1			
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ıble			
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cıal				
	statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨						
	ARRICK JAZYNKA - 402-734-6274						
	4801 F STREET, OMAHA, NE 68117						

 $\alpha \alpha \alpha$	(2018)	

OMAHA PLUMBERS JOINT APPRENTICESHIP FUND

47-0561638

Page **7**

Part·VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O conf	ains a response or note to any line in this Part VII	
		-

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter ·0· in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
\ }	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRIAN PRINCE TRUSTEE	1.00	x						0.	0.	0 .
(2) MARSHA BABCOCK	1.00			.,						
SECRETARY (3) STEVE VOGEL JR	1.00	X		Х				0.	0.	0.
TRUSTEE (4) CHAD BLUM	3.00	X						0.	726.	0 .
TRUSTEE	3.00							0.	560.	0 .
										_
										. <u>.</u>
									_	
		-								

OMAHA PLUMBERS JOINT APPRENTICESHIP FUND

47-0561638

Page 9 Form 990 (2018) OMAHA PLUMBERS JOINT APPRENTICESHIP FUND 47-0561638 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII

					(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
s, Gifts, Grants milar Amounts	b d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut	1a					
Contributions, Gif and Other Similar	f g	All other contributions, gifts, gran similar amounts not included about Noncash contributions included in lines	ts, and ve 1f					
	<u>n</u>	Total. Add lines 1a-1f		Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			*************
ice	2 a		BUTIONS	900099	425,213.	425,213.		
erv	b	FEES COLLECTED		900099	38,304.	38,304.		
m S ven	С		 ,		 			
gra Re	d							-
Program Service Revenue	e	All other programmes and the second			-			
_	Ţ	All other program service reve	enue		463,517.			
	3	Total. Add lines 2a-2f Investment income (including	duudondo intor		403,317.		120 1 220 1 20 1	3
	3	other similar amounts)	dividends, intere	est, and	7,038.			7,038.
	4	Income from investment of ta	v-exempt bond r	proceeds	7,050.	<u> </u>		7,030.
	5	Royalties	A exempt bond p)				
	3	Noyallies	(ı) Real	(ii) Personal	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	3 4,,,20 4 3322, 4	S. 20 " P. 1" B.
	6 a	Gross rents	(i) Frodi	(ii) i crooria			3 4 7 7 7 7 7	
	b						\$\big(\),'\big(\) \big(\),'\big(\)	
	C							
		Net rental income or (loss)		<u> </u>	\$ A. Y. Y. Y. W. W. Y.	., , , , , , , , , , , , , , , , , , ,	w. , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,
		Gross amount from sales of	(ı) Securities	(II) Other	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	* * * * * * * * * * * * * * * * * * * *		5 * 1/2 St.
	, -	assets other than inventory	37,154.					
	h	Less cost or other basis	0,,202				· ***, **, **, **	
	_	and sales expenses	32,362.					
	c	Gain or (loss)	4,792.					
		i Net gam or (loss)		· · ·	4.792.		10,444 17 7 184	4.792.
venue		Gross income from fundraising including \$	g events (not					
		contributions reported on line	1c) See			[3, 35] j		
Other Re		Part IV, line 18	а					
the	b	Less. direct expenses	b					
Ç	c	: Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities. See	}				
		Part IV, line 19	а					
	b	Less direct expenses	b		, , , , , , , , , , , , , , , , , , ,			
	С	: Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less cost of goods sold	b					[
	С	Net income or (loss) from sale		, ▶	333 3 W . V			
		Miscellaneous Revenu	<u>e</u>	Business Code	ri. Siai hi	2,4 2,7 25 7,72		, ,, , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
	11 a				_	<u> </u>		
	b							
	С				-			
	d					, , ,	* %; , ,	* , * ,
		Total. Add lines 11a-11d			475 345	AC2 F17	· · · · · · · · · · · · · · · · · · ·	11 000
	12	Total revenue See instructions			475,347.	463,517.	0.	11.830.

Section 501(c)(3) and 501(c	N(4) organizations must complete all	columns All other organizations must	t complete column (A)

	· Check if Schedule O contains a respon	nse or note to any line in	this Part IX	ι	
Do	not include amounts reported on lines 6b,	(A)	(B)	· (C)	1 _ (D) ,
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
<u> </u>	Grants and other assistance to domestic organizations		САРОПОСС	general expenses	A AAAA AAAAA AAAAAAAAAAAAAAAAAAAAAAAAA
•	and domestic governments. See Part IV, line 21	•		i de de la composição de l	
2	Grants and other assistance to domestic			\$	
2	individuals See Part IV, line 22	_			
3	Grants and other assistance to foreign			, , , , , , , , , , , , , , , , , , , ,	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
٠,	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	. 15			
4	* *		•	. , %, , , ,	» ^ x*
5	Compensation of current officers, directors,				•
_	trustees, and key employees		•		
6	Compensation not included above, to disqualified			•	
	persons (as defined under section 4958(f)(1)) and	•			
7	persons described in section 4958(c)(3)(B) Other salaries and wages	177,343.		* * * * * * * * * * * * * * * * * * * *	•
•	•	1//,343.	<u>.</u>		
8	Pension plan accruals and contributions (include		,	,	
^	section 401(k) and 403(b) employer contributions) Other employee benefits			•	
9	Payroll taxes	11,411.			
10 11	Fees for services (non-employees).	TT/ #TT.		•	•
'' a	Management	1	*.	' ,	
b	Legal	6,305.		•	
C	Accounting		r	, ,	· · · · · · · · · · · · · · · · · · ·
d	Lobbying		•		
, e	Professional fundraising services. See Part IV, line 17				<u> </u>
f	Investment management fees	2,616.	•	, ,	,
q			1	a ,	
3	column (A) amount, list line 11g expenses on Sch 0.)	3			, -
12	Advertising and promotion	125.	•		
13	Office expenses '				•
14	Information technology .	,	•		•
15	Royalties		• ٧	•	
16-5	Occupancy	75,999	್ವಿ ಬಿಜ್ಜ್ ಇತ್ತಾಡ್ಗಳ ಬಿಟ್ಟಡ್ಡ್ ಇ	The state of the second	همه به مصر در اداخهاد می داشت. ا
17	Travel -	38,230.		, ,	
18	Payments of travel or entertainment expenses	•	, ,	· .	+
	for any federal, state, or local public officials	•		_	•
19	Conferences, conventions, and meetings		• •		
20	Interest • `	. •			
21	Payments to affiliates	, ,		,	
22	Depreciation, depletion, and amortization	19,420.			•
23	Insurance	8,687.	<u> </u>	• <u>.</u>	10 0000
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
,	24e amount exceeds 10% of line 25, column (A)				
·	amount, list line 24e expenses on Schedule 0.)	17,733.	1 , 20 , 5 , 34	***	· · · · · · · · · · · · · · · · · · ·
а	RENEWALS EXPENSE		· · · · · ·	• • •	
b	SHOP SUPPLIES	14,945.	,	•	
C	POOK EVLENSES .	6,204.	<u> </u>	•	
.* d	TELEPHONE & INTERNET	17,447.	j.	•	· · · · · · · · · · · · · · · · · · ·
	All other expenses Total functional expenses. Add lines 1 through 24e	406,547.		·	<u></u>
<u>25</u>	Joint costs. Complete this line only if the organization	±00,34/•	'.		
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	, i			
	Check here Infollowing SOP 98-2 (ASC 958-720)			, , , , , , , , , , , , , , , , , , ,	4
	11 tollowing 307 80-2 (A30 830-720)		l	1	

·		Check if Schedule O contains a response or not	e to any line in this Part X			
		Single in Solitobile C Contains a response of not	o to any mio in ano i are A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		322,335.	1	402,108.
	2	Savings and temporary cash investments			2	,
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	rmer officers, directors,		13	2017 2018 1100
		trustees, key employees, and highest compensation				
		Part II of Schedule L	· ·		5	
	6	Loans and other receivables from other disqualit	ied persons (as defined under	** ** * * * * * * * * * * * * * * * *	, v;	12.33
		section 4958(f)(1)), persons described in section			, , , , ,	
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary		\ \^ \^	
ş		employees' beneficiary organizations (see instr)	Complete Part II of Sch L	, ,, ,, , , ,	6	, , , , , , ,
Assets	7	Notes and loans receivable, net			7	
Ÿ	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	•		9	
	10a	Land, buildings, and equipment cost or other		- 125 () 1	\$ · . `.	
		basis Complete Part VI of Schedule D	10a 451,580.		y (2)	
	ь	Less accumulated depreciation	10ы 397,735.	73,265.	10c	53,845.
	11	Investments - publicly traded securities		330,773.	11	337,350.
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	726,373.	16	793,303.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		<u> </u>	20	
	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former			32	
at t		key employees, highest compensated employee	s, and disqualified persons		, ,,	
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	•		23	
	24	Unsecured notes and loans payable to unrelated	•	-	24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24) Complete Part X of		_	
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	्	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958				
Ses		complete lines 27 through 29, and lines 33 an	d 34.		(A \)	701 010
an	27	Unrestricted net assets		714,492.	27	781,218.
Ba	28	Temporarily restricted net assets		11,881.	28	12,085.
Net Assets or Fund Balances	29	Permanently restricted net assets			29	7 4
F		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖			
S		and complete lines 30 through 34.			~	
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or eq			31	
Net	32	Retained earnings, endowment, accumulated in	come, or other tunds	726 272	32	702 202
_	33	Total net assets or fund balances		726,373. 726,373.	33	793,303. 793,303.
	34	Total liabilities and net assets/fund balances		140.313.	34	ı <i>133.</i> 303.

Form	990 (2018) OMAHA PLUMBERS JOINT APPRENTICESHIP FUND	47-	05616	38	Pag	e 12	•1
	rt·XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		47	5,3	<u>47.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		40	6,5	<u>47.</u>	
3	Revenue less expenses Subtract line 2 from line 1	3		6	8,8	00.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4_		72	6,3	<u>73.</u>	
5	Net unrealized gains (losses) on investments	5		<u>, – ;</u>	1,8	<u>70.</u>	
6	Donated services and use of facilities	6	3 32	,		, , , ,	
7	Investment expenses	7				<u> </u>	
8	Prior period adjustments	8					,
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund-balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10		79	3,3	03.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>	
			_		Yes	No	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	Ì		,	, · ,	
	separate basis, consolidated basis, or both				٠,	`-	
	Separate basis Consolidated basis Both consolidated and separate basis						
ь	Were the organization's financial statements audited by an independent accountant?		L	2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	, [
	consolidated basis, or both		ľ	ł			
	X Separate basis Consolidated basis Both consolidated and separate basis			- 1			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			1		
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c		<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C)]	ļ			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt				
	Act and OMB Circular A-133?			3a		<u>X</u>	المريع والما
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit				•
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			
				Form	990 (2018)	

SCHEDULE D

(Form'990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

OMAHA PLUMBERS JOINT APPRENTICESHIP FUND

Employer identification number 47-0561638

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts ()
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	L Yes L No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
_	impermissible private benefit?		Yes No
Pa			art IV, line 7
1	Purpose(s) of conservation easements held by the organizat	```	
	Preservation of land for public use (e.g., recreation or e	· —	ically important land area
	Protection of natural habitat	Preservation of a certification	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	e
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the c	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	- · · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements		L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conse	rvation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
_	> \$	4700	V4V5V)
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(n	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	le organization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art Historical Treasures or Oth	ner Similar Assets
· u	Complete if the organization answered "Yes" on Form	-	ici cililiai Addeta.
10	If the organization elected, as permitted under SFAS 116 (AS		ant and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ex	•	·
		,	ce of public service, provide, in Fart Alli,
	the text of the footnote to its financial statements that descr if the organization elected, as permitted under SFAS 116 (AS		and balance about works of ort. historical
D		• •	·
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items		.
	(i) Revenue included on Form 990, Part VIII, line 1		~ ~ ~ ~ ~ ~ ~ ~ ~ ~
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		jain, provide
	the following amounts required to be reported under SFAS 1	10 (ASC 938) relating to these items	▶ •
a	Revenue included on Form 990, Part VIII, line 1		-
b	Assets included in Form 990, Part X		

		<u>LUMBERS JO</u>		_						Page 2
Par	t III Organizations Maintaining C	collections of A	<u>rt, His</u>	torical Tr	easures, or O	ther S	<u> Simila</u>	<u>ır Asse</u>	ts (contint	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that are	a signif	iicant u	ise of its	collection	ıtems
	(check all that apply)									
а	Public exhibition		: <u> </u>	Loan or exc	hange programs					
b	Scholarly research	•	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how tl	hey further t	he organization's	exempt	purpo	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or other sin	nılar ass	sets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	inization's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered "Yes'	on For	m 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other assets	not incl	uded	_	_	
	on Form 990, Part X?								Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table		-				
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial account li	ability?		<u> </u>	Yes	<u></u> No
	if "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization ai	nswered	"Yes" on Fo	orm 990, Part IV, II	ne 10.				
		(a) Current year	(b) F	Prior year	(c) Two years bac	k (d)	Three ye	ears back	(e) Four	ears back
1a	Beginning of year balance		ļ							
b	Contributions		ļ	_		<u> </u>			<u> </u>	
C	Net investment earnings, gains, and losses					<u> </u>				
d	Grants or scholarships		ļ							
е	Other expenditures for facilities									
	and programs		ļ			_				
f	Administrative expenses					_			 	
g	End of year balance		<u> </u>			L				
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as.					
	Board designated or quasi-endowment		%							
_	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organiz	alion th	at are held a	ind administered f	or the o	ırganıza	ation	_	
	by.									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	- -
b	If "Yes" on line 3a(ii), are the related organiza	•							3b	
4	Describe in Part XIII the intended uses of the		<u>owment</u>	funds.						
rai	t VI Land, Buildings, and Equipm		0 D · ") F 000 F		. 10			
	Complete if the organization answere			T	1			. 		
	Description of property	(a) Cost or o		, , ,		Accur		1 t	(d) Book	value
	· 	basis (investi	ment)	Dasis	(other)	deprec	iauon			
	Land									
	Buildings	100	-0-			1.	4 00	. 		<u> </u>
	Leasehold improvements		<u>585.</u>				4,90			,680.
	Equipment	257,	995.	ļ		<u> </u>	2,83	· · · ·		<u>,165.</u>
	Other			(0)	<u> </u>			_		.845.
Tata	i waa iinee 19 through 10 // 'Aliumn (d) muet a	nuai Form 990. Pari	T X CO!!!!	nn IKI IIDA 1	uc i				7 1	. ก 🖛 🖰 -

	Complete	7 II tho organization anomored 10	0 0111 01111 000 11 41		5777 550 j. 1 4777 j.m.to 20
1.	•	(a) Description of liability	r	(b) Book value	
(1	I) Federal incom	e taxes			
(2	2)	•	•		
(3	3)			1	
- (4	1)	•1		r	
(5	5)				
(6	5)	4 -	1	+	
(7	7)				
(8	3)				
(9	9)	·			
Tota	I. (Column (b) mus	st equal Form 990. Part X. col (B)	line 25) 1	▶	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

	edule D (Form 990) 2018 OMAHA PLUMBERS JOINT APPRENTICE			561638 Pa	<u>age 4</u>
Par	rt XI Reconciliation of Revenue per Audited Financial Statements Wit	h Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	470,8	<u>61.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	-1,870.			
b	Donated services and use of facilities 2b				
С	Recoveries of prior year grants				
d			_	1 0	70
е	<u> </u>		2e	-1,8 472,7	/U ·
3	Subtract line 2e from line 1	,	_ 3	4/2,/	<u> 31.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	2 616			
a	· · · · · · · · · · · · · · · · · · ·	2,616.			
b				2 6	16
c		-	4c 5	2,6 475,3	10.
Pai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Statements Wi	th Expenses per			= / •
T all	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	an Expended per	· iotaii	••	
	Total expenses and losses per audited financial statements		1	403,9	31
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25			<u> </u>	<u> </u>
a					
b	Other losses 2c				
C	50 45 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5				
d	· · · · · · · · · · · · · · · · · · ·		20		Λ
e	· · · · · · · · · · · · · · · · · · ·		2e 3	403,9	11
3	Subtract line 2e from line 1		3	403,3	<u> </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	2,616.			
_	· · · · · · · · · · · · · · · · · · ·	2,010.			
b	,		4.	2 6	16
	Add lines 4a and 4b		4c	2,6 406,5	10.
5 Da	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.		5	400,5	<u>4 / .</u>
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional info		I, Part X	line 2, Part XI,	
			_		
_					

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Schedule D (Form 990) 2018

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Inspection ~

Employer identification number Name of the organization OMAHA PLUMBERS JOINT APPRENTICESHIP FUND 47-0561638 FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES THAT HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION'S BOARD OF TRUSTEES REVIEWED FORM 990 PRIOR TO FILING. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection 2018

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 47-0561638

Part I . Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 OMAHA PLUMBERS JOINT APPRENTICESHIP FUND

Direct controlling End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?) 12(b)(13) siled y?
				501(c)(3))		Yes	N _o
PLUMBERS ADMINISTRATION TRAINING TRUST -	PROVIDE TRAINING AND						
47-6088121, 4801 F STREET, OMAHA, NE 68117	TRAINING FACILITIES	NEBRASKA	501(C)(5)				×
PLUMBERS LOCAL 16 - 47-0199158							
4801 F STREET							
OMAHA, NE 68117	LABOR UNION	NEBRASKA	501(C)(5)				×
PLUMBERS 16 WELFARE FUND - 47-0403214							
4801 F STREET	PROVIDING PARTICIPANTS						
OMAHA, NE 68117	WITH MEDICAL BENEFITS	NEBRASKA	501(C)(9)			•	×
PLUMBERS 16 PENSION PLAN - 47-6045942							
4801 F STREET	COLLECT AND DISBURSE						
OMAHA, NE 68117	PENSION BENEFITS	NEBRASKA	401(A)				×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2018	Form 990) 2018

47-0561638

OMAHA PLUMBERS JOINT APPRENTICESHIP FUND

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a)	(q)	(2)		(e)	€	5)	(1)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contraction, 2	iz(b)(13)
of related organization		foreign country)		status (if section	entity	organization?	ation?
	ą.			501(c)(3))		Yes	No
	-						
PLUMBERS 16 DEFINED CONTRIBUTION PLAN -	COLLECT AND DISBURSE		r				
68117	PENSION BENEFITS	NEBRASKA	401(K)				×
	COLLECT AND DISBURSE						
117	VACATION FUNDS	NEBRASKA	501(C)(9)				×
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03-252 04-01-18 •		19					

Page 2 47-0561638

Schedule R (Form 990) 2018 OMAHA PLUMBERS JOINT APPRENTICESHIP FUND

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Name, address, and EIN of related organization	Primary activity	Legal domicite (state or	Drect controlling entity	Predominant income (related, unrelated, excluded from tax under	(1) Share of total income	Share of end-of-year	Onsproportionate allocations?	(I) (I) (I) (II) (II) (III) (II	Dox Galle	U neral or P naging o	(K) General or Percentage managing ownership
		country)		sections 512-514)		Clocco	Yes	No K-1 (Form 1	065) Ye	S No	
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[part IV | Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	Section 512(b)(13) controlled	\ ² €. 96 80 96
	يد د	foreign country)		or trust)			j j	Yes	N
	. S.=								
ADVANCED TRENCHING			N/A						×
	- -								
AMERICAN ROOTER PLUMBING		-	N/A						×
	=							-	
							_		
AP PLUMBING	-		N/A						×
	-								
CM PLUMBING LLC	•		N/A						×
	٠						_		
EXMAN PLUMBING			N/A						×
832162 10-02-18	-	20				Sche	Schedule R (Form 990) 2018	2 (066 1	2018

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OMAHA PLUMBERS JOINT APPRENTICESHIP FUND

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxabie as a Corporation or Trust

	•	•		•			•	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
FAUCET SHOP			N/A					×
					-			
GRUNWALD MECH CONTRACTORS			N/A			ı		×
HAYES MECHANICAL			N/A					×
JR MECHANICAL INC			N/A					×
				•	•			
MAINELLI MECHANICAL			N/A					×
		•						
MECHANICAL, INC			N/A					×
MMC MECHANICAL CONTRACTORS			N/A					×
DRAIDIE MECHANICAL INC			8 / b					*
	•		8/,					<u> </u>
PRINCE PLUMBING, INC	•		N/A					×
				·				
RAY MARTIN COMPANY			N/A					×
							•	
TRITZ PLUMBING INC			N/A					×
TSI MECHCANICAL LLC			٧/ <u>۲</u>					_ ×

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OMAHA PLUMBERS JOINT APPRENTICESHIP FUND

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				>	Yes	٥ ۷
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	ın Parts II-IV?		-	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Y:			-ta	7	×
b Gift, grant, or capital contribution to related organization(s)				q.	-	×
c Gift, grant, or capital contribution from related organization(s)	-			1		×
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				1;		×
j Lease of facilities, equipment, or other assets to related organization(s)				1,		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	,
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			7		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with relatec organization(s)	tion(s)			1n		×
 Sharing of paid employees with related organization(s) 				9		×
 Beimbursement baid to related organization(s) for expenses 				5		×
				₽		×
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	is line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		
PLUMBERS ADMINISTRATION TRAINING TRUST (1) FUND	К	75,999.	CASH PAID			
(2)						
(3)						
(4)						
(5)						
(6)						
332 163 10-02-18	23		Schedule R (Form 990) 2018	R (Form 9	990) 2	018

Part VI). Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(x)	^p ercentage ownership				
s	General or F managing partner?			 	
(5)	UBI box 20 ile K-1 065)				
3	Dispropor- tionate allocations?				
(b)	of rear is				
(£)	Share of total income				
(e)	Are all partners sec 501(c)(3) orgs?				
	t income related, tax under 2-514)				
(c)	reign //				
(q)	Primary activity				
(b) (c) (d) (d)	Name, address, and EIN of entity				

Schedule R (Form 990) 2018

Schedule R	(Form 990) 2018 Supplemental Info	OMAHA	PLUMBERS	JOINT	APPRENTICESHIP	FUND47-0561638 Page 5
Part VII	Supplemental Info	rmation.				
	Provide additional inform	ation for resp	onses to question:	s on Schedi	ule R See instructions	
	· · · · · · · · · · · · · · · · · · ·		<u>-</u>			
						
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